

Drägermedical

A Dräger and Siemens Company

Field Service Procedure

Part Number: SP00175

Rev: D

Date: 20 September 2003

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Periodic Manufacturer's Certification Forms

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Periodic Manufacturer's Certification Forms

PERIODIC MANUFACTURER'S CERTIFICATION

The following pages contain illustrations of Periodic Manufacturer's Certification (PMC) forms and labels to assist the Technical Service Representative in identifying and completing this documentation.

Pages 2 through 8 illustrate sample checklists with typical periodic maintenance items filled in including vapor concentration tests, parts replaced, general comments and certification level.

Page 9 illustrates reverse side of the PMC forms with equipment condition and corresponding DMI recommended correction.

Page 10 illustrates sample PMC labels marked to show several levels of certification.

Pages 11 and 12 show DMI part numbers for various forms and labels.

Pages 13 through 18 show applicable standards for the components used in anesthesia systems.

Pages 18 through 19 show a sample of the Executive Summary furnished to the customer when a PMC is completed.

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17502

Drägermedical

A Dräger and Siemens Company

NARKOMED ☐2B ☒2C ☐GS ANESTHESIA SYSTEM

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION <u>GENERAL HOSPITAL</u> ADDRESS <u>123 MAIN STREET</u> CITY <u>ANYTOWN</u> STATE <u>PA</u> ZIP <u>18970</u> TELEPHONE (610) <u>368-4361</u> CONTACT <u>Dr. Jones</u>	SOFTWARE VERSION NUMBER <u>1.3</u> MACHINE SERIAL NUMBER <u>13695</u> ROOM NUMBER <u>8</u> P.O. NUMBER <u>73684</u> DISPATCH NUMBER <u>36915</u>
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- ☒ Verify Test Equipment Due Dates
☒ SP00062 Vent Valve Lube Due (H)
☒ SP00075 Relief Valve Diaphragm Due 08-03
☒ Dräger Vaporizer Verification SP00073
☐ DES Vaporizer Verification SP00091/SP00189

6.1 SELF DIAGNOSTICS

- ☒ **6.2 ELECTRICAL SAFETY - DUE** 08-03
☒ 6.2.1 Ground Continuity
☒ 6.2.2 Circuit Isolation
☒ 6.2.3.3 Chassis Leakage Current

Ground	Polarity		
Normal	Normal	0	µA
Open	Reversed	10	µA
Open	Reversed	10	µA
Normal	Reversed	0	µA

☒ 6.2.4 Convenience Receptacle & Outlet Strip

6.3 CONFIGURATION

- 6.4 SERVICE DATA**
☒ 6.4.8 Reset Service Date
☒ 6.4.10 Next Service - Due 11-02

- 6.5 CALIBRATIONS - DUE** 8-03
☒ 6.5.3 O₂ Analyzer Zero Calibration
☒ 6.5.10 Pressure Zero & Span Calibration

6.6 ABSORBER MAINTENANCE

6.7 HIGH PRESSURE LEAK

- 6.8 BREATHING SYSTEM**
☒ 6.8.1.8 Fresh Gas Leak
☒ 6.8.1.10 Left Vaporizer Leak
☒ 6.8.1.12 Center Vaporizer Leak
☒ 6.8.1.14 Right Vaporizer Leak
☒ 6.8.1.15 Vapor Exclusion System
☒ 6.8.2.4 Absorber APL Valve
☒ 6.8.3.5 O₂ Flush Rate

- ☒ 6.8.4.5 Expiratory Valve Leak
☒ 6.8.5.7 Inspiratory Valve Leak
☒ 6.8.6.10 PEEP Max Pressure
☒ 6.8.7.10 Bain Adapter Leak
☒ 6.8.7.14 Bain APL Valve

- 6.9 OXYGEN ANALYZER**
☒ 6.9.2 O₂ Calibration
☒ 6.9.14 O₂ Flow Concentration

6.10 FLOWMETER CONCENTRATIONS

- ☒ 6.10.1 Oxygen Flowmeter
☐ 6.10.2 Oxygen-Helium Flowmeter
☐ 6.10.3 Helium Flowmeter
☐ 6.10.4 Nitrogen Flowmeter
☒ 6.10.5 Carbon Dioxide Flowmeter
☒ 6.10.6 Air Flowmeter
☒ 6.10.7 Nitrous Oxide Flowmeter
☒ 6.10.8.2 ORC @ 4L / min.
☒ 6.10.8.4 ORC @ 2L / min.
☒ 6.10.8.6 ORC @ 1L / min.
☐ 6.10.9.8 ORMC @ 1L / min.
☐ 6.10.9.10 ORMC @ 2L / min.
☐ 6.10.9.12 ORMC @ 4L / min.
☒ 6.10.10 Auxiliary Oxygen Flowmeter

- 6.11 HIGH PRESS. REG. - DUE** 02-03
☒ 6.11.1.7 N₂O Regulator
☒ 6.11.2.6 Air Regulator
☒ 6.11.3.6 O₂ Regulator

- 6.12 LOW O₂ SUPPLY - DUE** 02-03

- 6.13 O₂ SUPPLY FAILURE PROTECTION**
☒ 6.13.3 Minimum O₂ Flow
☒ 6.13.5 N₂O Bypass Flow @ Min. O₂
☒ 6.13.8 O. F.P.D. Verification

- 6.14 PRESSURE MONITOR**
☒ 6.14.5 APNEA Pressure Caution
☒ 6.14.6 APNEA Threshold
☒ 6.14.8 CONTINUOUS PRESS Warning
☒ 6.14.9 CONTINUOUS Threshold
☒ 6.14.10 VENT PRESS HI Threshold
☒ 6.14.11 SUB ATM PRESSURE Threshold

6.15 VENTILATOR

- ☐ 6.15.9 Extended Range I:E Ratio
☒ 6.15.10 I:E Ratio
☐ 6.15.19 PLC @ 30
☐ 6.15.20 PLC @ MIN
☒ 6.15.22 Reverse Flow
☒ 6.15.28 APNEA - VOLUME Caution
☒ 6.15.32 Flow Direction Check
☒ 6.15.33 Volume Monitor Accuracy

6.16 BELLOWS ADULT

- ☒ 6.16.1 1200 ml Tidal Volume
☒ 6.16.2 Bellows Inflation Check
☒ 6.16.7 Drive Gas Leakage
☒ 6.16.14 Max Tidal Volume
☒ 6.16.15 Relief Valve PEEP
☒ 6.16.21 200 ml Tidal Volume

6.17 BELLOWS PEDIATRIC EXTERNAL

- ☐ 6.17.4 Bellows Inflation Check
☐ 6.17.7 Max Tidal Volume
☐ 6.17.9 100 Tidal Volume
☐ 6.17.12 Relief Valve PEEP
☐ 6.17.20 Drive Gas Leakage

6.18 BELLOWS PEDIATRIC INTERNAL

- ☐ 6.18.3 Bellows Inflation Check
☐ 6.18.6 Max Tidal Volume
☐ 6.18.8 100 Tidal Volume
☐ 6.18.10 Relief Valve PEEP
☐ 6.18.17 Drive Gas Leakage

- ☒ **6.19 OPEN RESERVOIR - DUE** 02-03

- ☐ **6.20 A / C SCAVENGER - DUE** _____

- ☐ **6.21 BAG SCAVENGER - DUE** _____

- ☒ **6.22 SUCTION REGULATOR - DUE** 02-03

- ☒ **6.23 MANUAL SPHYGMOMETER - DUE** 02-03

- 6.24 FINAL TESTS**
☒ 6.24.1 Operator's Instruction Manual

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,E,I,S)	1.0 VOL. % RIKEN	2.5 VOL. % RIKEN	4.0 VOL. % RIKEN	RECOMMENDED FOR USE	
	+AREJ-1234	H	1.07	2.53	4.11	X	NO
	ARFP 3456	I	1.07	2.55	4.09	X	
	ARHK 4315	S	1.02	2.76	4.26	X	

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID
	BIOTEK 501	11/02	7342	FLOWMETER	06/03	0081
	MULTI-METER	2/03	2733			
	SENSYM	11/02	2212			
	RIKEN 1814	10/02	0424			
	TEST GAUGE	4/03	0063			
	VOLUMETER	4/03	2300			

RECOMMENDATIONS/ GENERAL COMMENTS	SEE EQUIPMENT CONDITION NUMBER 30	CERTIFICATION LEVEL	
		LAST VISIT	B
		THIS VISIT	B
		NEXT VISIT DUE	11/02

T. S. R. Signature <u>John Green</u>	I. D. No <u>E-409</u>	Time <u>6:00pm</u>	Customer Signature <u>Drew Jones, MD</u>
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5010211 REV L

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17503

Drägermedical

A Dräger and Siemens Company

**FABIUS GS
ANESTHESIA SYSTEM**

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION GENERAL HOSPITAL SOFTWARE VERSION NUMBER 1.01
ADDRESS 123 MAIN STREET MACHINE SERIAL NUMBER 12385
CITY ANYTOWN STATE PA ZIP 18970 ROOM NUMBER 8
TELEPHONE (610) 368-4361 CONTACT Dr. Jones P.O. NUMBER 73684
DISPATCH NUMBER D7643CF2

<input checked="" type="checkbox"/> 7.1 ELECTRICAL SAFETY <input checked="" type="checkbox"/> 7.1.1 Protective Ground Continuity <input checked="" type="checkbox"/> 7.1.2 Circuit Isolation <input checked="" type="checkbox"/> 7.1.3 Auxiliary Outlet Strip <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.1.4.3 Chassis Leakage Current <input type="checkbox"/> n/a Open/Normal <u>10</u> μ A Normal/Normal <u>0</u> μ A Open/Reverse <u>0</u> μ A Normal/Reverse <u>0</u> μ A <input checked="" type="checkbox"/> 7.2 SYSTEM DIAGNOSTICS <input checked="" type="checkbox"/> 7.3 BATTERY CIRCUIT <input checked="" type="checkbox"/> 7.4 CONFIGURATION 7.5 SERVICE DATA <input checked="" type="checkbox"/> 7.5.2 Last Service Date <u>7-10-02</u> Hours Since Service <u>100</u> Total Hours <u>200</u> Total Ventilator Hours <u>150</u> <input checked="" type="checkbox"/> 7.5.7 Ventilator O-Ring 7.6 CALIBRATIONS <input checked="" type="checkbox"/> 7.6.4 Fresh Gas Flow <input checked="" type="checkbox"/> 7.6.7 Pressure <input checked="" type="checkbox"/> 7.6.9 O2 Offset <input checked="" type="checkbox"/> 7.6.11 PEEP 7.7 SITE CONFIGURATIONS <input checked="" type="checkbox"/> 7.7.2 O2 Position (virtual) <u>L</u> <input checked="" type="checkbox"/> 7.7.3 Gas Selection <u>3</u> <input checked="" type="checkbox"/> 7.7.5 O2 Whistle <u>ON</u> <input checked="" type="checkbox"/> 7.7.6 No Fresh Gas <u>ON</u> <input checked="" type="checkbox"/> 7.7.7 Fresh Gas Low Alarm <u>ON</u> <input checked="" type="checkbox"/> 7.7.8 Threshold Low Alarm <u>ON</u> <input checked="" type="checkbox"/> 7.7.9 Ambient Pressure <u>1013</u> mbar <input checked="" type="checkbox"/> 7.7.12 Serial Ports <input checked="" type="checkbox"/> 7.8 SCAVENGER - AGS 7.9 BREATHING SYSTEM <input checked="" type="checkbox"/> 7.9.1 Breathing System Inspection <input checked="" type="checkbox"/> 7.9.1.1 Breathing System S/N <u>ARCC-1358</u> 7.9.2 FRESH GAS LEAK <input checked="" type="checkbox"/> 7.9.2.6 Fresh G. Leak <u>2</u> cm/H2O <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.9.2.9 Frsh G. Lk L/vap <u>2</u> cm/H2O <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.9.2.11 F.G. Lk R/vap <u>2</u> cm/H2O <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.9.3 BREATHING SYSTEM 7.9.4 APL VALVE <input checked="" type="checkbox"/> 7.9.4.6 APL Valve <u>10</u> cm/H2O <input checked="" type="checkbox"/> 7.9.4.7 APL Valve <u>10.44</u> cm/H2O 7.9.5 INHALATION AND EXHALATION VALVES <input checked="" type="checkbox"/> 7.9.5.6 Inh. valve leak <u>25</u> cc/min <input checked="" type="checkbox"/> 7.9.5.12 Exh. valve leak <u>15</u> cc/min	<input checked="" type="checkbox"/> 7.9.6 FRESH GAS DECOUPLING VALVE <input checked="" type="checkbox"/> 7.9.6.7 Fresh Gas Decl Valve Leak <u>5</u> ml/min 7.9.7 LEAKAGE CONTROL PORT <input checked="" type="checkbox"/> 7.9.7.5 Leakage Control Port <u>5</u> cc/min <input checked="" type="checkbox"/> 7.10 VAPOR INTERLOCK SYSTEM 7.11 YOKES & GAUGES <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.11.1 Yokes & Gauges <input checked="" type="checkbox"/> 7.11.2 Cylinder Gauges <input type="checkbox"/> n/a 7.12 GAS INLET REGULATOR OUTPUT <input checked="" type="checkbox"/> 7.12.1.5 O2 Inlet Regulator <u>30</u> psi <input checked="" type="checkbox"/> 7.12.2.4 N2O Inlet Reg. <u>30</u> psi <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.12.3.4 O2 Pipeline Chk Valve <u>2</u> cc/min <input checked="" type="checkbox"/> 7.12.3.6 N2O Pipeline Chk Valve <u>2</u> cc/min <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.12.3.8 Air Pipeline Chk Valve <u>2</u> cc/min 7.13 CYL. REGULATOR & PIPELINE GAUGES <input checked="" type="checkbox"/> 7.13.1 N2O Cylinder Regulator <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.13.1.8 N2O Cylinder Regulator <u>35</u> psi <input checked="" type="checkbox"/> 7.13.2 N2O Gauge <input checked="" type="checkbox"/> 7.13.2.4 N2O Gauge Accuracy <u>2</u> psi <input checked="" type="checkbox"/> 7.13.3 N2O Pipeline Leak <input checked="" type="checkbox"/> 7.13.4 Air Cylinder Regulator <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.13.4.7 Air Cylinder Regulator <u>30</u> psi <input checked="" type="checkbox"/> 7.13.5 Air Pipeline Gauge Accuracy <input checked="" type="checkbox"/> 7.13.6.3 Air Pipeline Leak <input checked="" type="checkbox"/> 7.13.7 O2 Cylinder Regulator <input checked="" type="checkbox"/> 7.13.7.7 O2 Cylinder Regulator <u>30</u> psi <input checked="" type="checkbox"/> 7.13.8 O2 Pipeline Gauge Accuracy <input checked="" type="checkbox"/> 7.13.9.2 O2 Pipeline Leak <u>2</u> psi 7.14 HIGH PRESSURE LEAK <input checked="" type="checkbox"/> 7.14.1.6 O2 High Pressure Leak <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.14.3.7 N2O High Pressure Leak <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.14.3.7 Air High Pressure Leak <input type="checkbox"/> n/a 7.15 OXYGEN SUPPLY FAILURE PROTECTION <input checked="" type="checkbox"/> 7.15.1 N2O <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.15.2.5 O2 Supply Press. Alarm <u>20</u> psi <input checked="" type="checkbox"/> 7.15.2.6 O2 SUPPLY LOW - Alarm 7.16 FLOWMETERS <input checked="" type="checkbox"/> 7.16.1 O2 Flowmeter <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.16.2 N2O Flowmeter <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.16.3 Air Flowmeter <input checked="" type="checkbox"/> 7.16.4 Aux/O2 Flowmeter <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.16.4.5 Aux/O2 leakage <u>50</u> cm/H2O <input checked="" type="checkbox"/> 7.16.4.10 Aux/O2 Concentration <u>99</u> %O2 <input checked="" type="checkbox"/> 7.17 OXYGEN MONITOR <input checked="" type="checkbox"/> 7.17.12 INSP O2 LOW Alarm <input checked="" type="checkbox"/> 7.17.20 INSP O2 HIGH Alarm <input checked="" type="checkbox"/> 7.17.23 O2 Concentration <u>99</u> %O2	7.18 OXYGEN CONCENTRATIONS <input checked="" type="checkbox"/> 7.18.1. O2/N2O Concentration <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 7.18.1.5 O2/N2O Concentration <u>67</u> %O2 <input checked="" type="checkbox"/> 7.18.1.7 O2/N2O <u>4.2</u> L/min <input checked="" type="checkbox"/> 7.18.1.8 Total Flowmeter <u>5.0</u> L/min <input checked="" type="checkbox"/> 7.18.2 O2/Air Concentration <input checked="" type="checkbox"/> 7.18.2.4 O2/Air Concentration <u>75</u> %O2 7.19 SORC <input checked="" type="checkbox"/> 7.19.4 SORC@ 0.8L/min O2 <u>25</u> %O2 <input checked="" type="checkbox"/> 7.19.6 SORC@ 1.5L/min O2 <u>25</u> %O2 <input checked="" type="checkbox"/> 7.19.8 SORC@ 2.0L/min O2 <u>25</u> %O2 <input checked="" type="checkbox"/> 7.19.10 SORC@ 10L/min O2 <u>25</u> %O2 <input checked="" type="checkbox"/> 7.19.11 SORC Low Flow <u>0.7</u> L/min <input checked="" type="checkbox"/> 7.19.13 SORC-N2O Lift-Off <u>0.1</u> L/min 7.20 PRESSURE MONITOR <input checked="" type="checkbox"/> 7.20.13 APNEA PRESSURE (med) <u>15</u> sec <input checked="" type="checkbox"/> 7.20.14 APNEA PRESSURE (high) <u>30</u> sec <input checked="" type="checkbox"/> 7.20.16 Apnea P. Setting <u>8</u> cm/H2O <input checked="" type="checkbox"/> 7.20.19 CONT. PRES. <u>15</u> sec <input checked="" type="checkbox"/> 7.20.20 Cont. Pres. Setting <u>17</u> cm/H2O <input checked="" type="checkbox"/> 7.20.22 Aw PRES. HIGH Alarm <u>40</u> cm/H2O <input checked="" type="checkbox"/> 7.20.25 PRES. NEG. Alarm <u>-6</u> cm/H2O 7.21 VENTILATOR <input checked="" type="checkbox"/> 7.21.1 Manual Ventilation <input checked="" type="checkbox"/> 7.21.2 Spontaneous Breathing <input checked="" type="checkbox"/> 7.21.3 Flow Sensor Zeroing <input checked="" type="checkbox"/> 7.21.4 Ventilator Delivery <input checked="" type="checkbox"/> 7.21.4.11 Volume Delivery @ 380Vt <u>400</u> mL/min <input checked="" type="checkbox"/> 7.21.4.12 Volume Accuracy <input checked="" type="checkbox"/> 7.21.5.2 PEEP Accuracy <input checked="" type="checkbox"/> 7.21.6.3 Pmax Accuracy <input checked="" type="checkbox"/> 7.21.7.4 APL Accuracy @ 30 cm/H2O <u>30</u> cm/H2O <input checked="" type="checkbox"/> 7.21.7.6 APL Accuracy @ Spont <u>2</u> cm/H2O <input checked="" type="checkbox"/> 7.21.10 Pressure Limit Valve <u>75</u> cm/H2O <input checked="" type="checkbox"/> 7.21.11.1 Auxiliary Air Valve <u>7.5</u> cm/H2O <input checked="" type="checkbox"/> 7.21.12.5 Piston Chamber Leak <u>10</u> mL/min <input checked="" type="checkbox"/> 7.21.13.3 Vacuum Pressure <u>200</u> cm/H2O 7.22 VOLUME ALARMS <input checked="" type="checkbox"/> 7.22.6 MINUTE VOLUME LOW <input checked="" type="checkbox"/> 7.22.9 APNEA FLOW (med) <u>15</u> sec <input checked="" type="checkbox"/> 7.22.10 APNEA FLOW (high) <u>30</u> sec <input checked="" type="checkbox"/> 7.22.12 FLOW SENSOR FAIL Alarm <input checked="" type="checkbox"/> 7.22.17.3 Fresh Gas Low Alarm <input checked="" type="checkbox"/> 7.23 Audio Silence <input checked="" type="checkbox"/> 7.24 Oxygen Flush <input checked="" type="checkbox"/> 7.24.8 Oxygen Flush <u>99</u> %O2 <input checked="" type="checkbox"/> 7.24.12 Oxygen Flush Rate <u>50</u> L/min 7.25 Final Tests <input checked="" type="checkbox"/> 7.25.1 Operator's Manual <input checked="" type="checkbox"/> 7.25.2 Lamp Test <input checked="" type="checkbox"/> 7.25.3 Final Check
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VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE	1.0 VOL %	2.5 VOL %	4.0 VOL %	RECOMMENDED FOR USE	P A R T S D E S C R I P T I O N	PARTS DESCRIPTION	PART NUMBER	WHSE	QTY	C/C S/N			
	(H,E,I,S)	RIKEN	MULTI	RIKEN	MULTI	RIKEN							MULTI	YES	NO
	+ARCH-1234	H	1.07	2.53	4.11	X									
	ARCK 9999	S	1.02	2.67	4.25	X									
TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID	RECOMMENDATIONS/ GENERAL COMMENTS	NO RECOMMENDATIONS	CERTIFICATION LEVEL	LAST VISIT	THIS VISIT	NEXT VISIT DUE			
	BIOTEK 501	11/02	746	VOLUMETER	11/02	893									
	SENSYM	11/02	782	FLOWMETER	11/02	400									
	RIKEN 1814	10/02	763												
	TEST GAUGE	4/02	006												
T. S. R. Signature <u>John Green</u> I. D. No <u>E-409</u> Time <u>6:00pm</u> Customer Signature <u>Drew Jones, MD</u> Date <u>1/5/02</u>															
REGULATORY AFFAIRS 4117715 REV A															

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17504



NARKOMED 4 ANESTHESIA SYSTEM

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION GENERAL HOSPITAL SOFTWARE VERSION NUMBER 2.11
ADDRESS 123 MAIN STREET MACHINE SERIAL NUMBER 11111
CITY ANYTOWN STATE PA ZIP 99999 ROOM NUMBER OR 1
TELEPHONE (215) 555-1212 CONTACT Dr. Jones P.O. NUMBER 12345
DISPATCH NUMBER UPM1111111

<p><input checked="" type="checkbox"/> Verify Test Equipment Due Dates</p> <p><input checked="" type="checkbox"/> SP00062 Vent Valve Lube Due <u>12/04</u></p> <p><input checked="" type="checkbox"/> SP00075 Relief Valve Diaphragm Due <u>12/04</u></p> <p><input checked="" type="checkbox"/> Dräger Vaporizer Verification SP00073</p> <p><input checked="" type="checkbox"/> DES Vaporizer Verification SP00091/SP00189</p> <p><input checked="" type="checkbox"/> 6.1 SELF DIAGNOSTICS</p> <p>6.2 ELECTRICAL SAFETY - DUE <u>12/04</u></p> <p><input checked="" type="checkbox"/> 6.2.1 Ground Continuity</p> <p><input checked="" type="checkbox"/> 6.2.2 Circuit Isolation</p> <p>Chassis Leakage Current</p> <p>Ground Polarity</p> <p><input checked="" type="checkbox"/> 6.2.3.3.1 Normal Normal <u>0</u> μA</p> <p><input checked="" type="checkbox"/> 6.2.3.3.2 Open Normal <u>45</u> μA</p> <p><input checked="" type="checkbox"/> 6.2.3.3.3 Open Reversed <u>47</u> μA</p> <p><input checked="" type="checkbox"/> 6.2.3.3.4 Normal Reversed <u>0</u> μA</p> <p><input checked="" type="checkbox"/> 6.2.4 Convenience Receptacle & Outlet Strip</p> <p><input checked="" type="checkbox"/> 6.3 CONFIGURATION</p> <p><input checked="" type="checkbox"/> 6.4 SERVICE DATA</p> <p><input checked="" type="checkbox"/> 6.5 ABSORBER INSPECTION & MAINTENANCE</p> <p><input checked="" type="checkbox"/> 6.5.1 Repack Manual Auto Valve - if applicable</p> <p><input checked="" type="checkbox"/> 6.5.9 Ultrasonic Flow Sensor - if applicable</p> <p><input checked="" type="checkbox"/> 6.5.10 Spiromed Sensor - if applicable</p> <p><input checked="" type="checkbox"/> 6.6 HIGH PRESSURE LEAK - DUE <u>12/04</u></p> <p>6.7 BREATHING SYSTEM</p> <p><input checked="" type="checkbox"/> 6.7.1.8 Absorber & Fresh Gas Leak</p> <p><input checked="" type="checkbox"/> 6.7.1.9-14 Vaporizer Leak</p> <p><input checked="" type="checkbox"/> 6.7.1.16 Exclusion System Check</p> <p><input checked="" type="checkbox"/> 6.7.2 Vapor Config and Indicator Test</p> <p><input checked="" type="checkbox"/> 6.7.3 APL Valve Test</p> <p><input checked="" type="checkbox"/> 6.7.4 PEEP/ PEEP w/ Bypass Test</p> <p><input checked="" type="checkbox"/> 6.7.5 O2 Flush Test</p> <p><input checked="" type="checkbox"/> 6.7.6 Expiratory Valve Leak Test</p> <p><input checked="" type="checkbox"/> 6.7.7 Inspiratory Valve Leak Test</p> <p><input checked="" type="checkbox"/> 6.7.8 Bain Circuit - if applicable</p> <p>6.8 OXYGEN ANALYZER</p> <p><input checked="" type="checkbox"/> 6.8.2 21% Calibration</p> <p><input checked="" type="checkbox"/> 6.8.4 System Alarm Silence</p> <p><input checked="" type="checkbox"/> 6.8.14 100% O2 Concentration</p>	<p>6.9 FLOWMETERS & GAS CONCENTRATIONS</p> <p><input checked="" type="checkbox"/> 6.9.1 Oxygen Flowmeter</p> <p><input checked="" type="checkbox"/> 6.9.2 Heliox Flowmeter & Heliox + O2 Concentration</p> <p><input checked="" type="checkbox"/> 6.9.3 CO2 Flowmeter & CO2 + O2 Concentration</p> <p><input checked="" type="checkbox"/> 6.9.4 AIR Flowmeter & AIR + O2 Concentration</p> <p><input checked="" type="checkbox"/> 6.9.5 N2O Flowmeter & N2O + O2 Concentration</p> <p><input checked="" type="checkbox"/> 6.9.6 ORC (w/ bypass) / ORMC @ 1, 2, 4 l/min O2</p> <p><input checked="" type="checkbox"/> 6.9.6.8 Minimum O2 Flow</p> <p><input checked="" type="checkbox"/> 6.9.6.9 N2O bypass flow @ Min. O2 - if applicable</p> <p><input checked="" type="checkbox"/> 6.9.7 Auxiliary O2 Flowmeter</p> <p>6.10 HIGH PRESSURE REGULATORS</p> <p><input checked="" type="checkbox"/> 6.10.1 N2O Regulator</p> <p><input checked="" type="checkbox"/> 6.10.2 AIR Regulator</p> <p><input checked="" type="checkbox"/> 6.10.3 O2 Regulator</p> <p><input checked="" type="checkbox"/> 6.11 LOW O2 SUPPLY ALARM & SETTING - DUE <u>12/04</u></p> <p><input checked="" type="checkbox"/> 6.12 OXYGEN SUPPLY FAILURE PROTECTION</p> <p>6.13 PRESSURE MONITOR</p> <p><input checked="" type="checkbox"/> 6.13.5 APNEA Pressure - Alarm</p> <p><input checked="" type="checkbox"/> 6.13.6 APNEA Pressure - Setting</p> <p><input checked="" type="checkbox"/> 6.13.8 CONTINUOUS PRESS - Alarm</p> <p><input checked="" type="checkbox"/> 6.13.9 CONTINUOUS PRESS - Setting</p> <p><input checked="" type="checkbox"/> 6.13.10 VENT PRESS HI Alarm & Setting</p> <p><input checked="" type="checkbox"/> 6.13.11 SUB ATM PRESSURE Alarm & Setting</p> <p>6.14 VENTILATOR</p> <p><input checked="" type="checkbox"/> 6.14.15 I:E Ratio - Extended Range</p> <p><input checked="" type="checkbox"/> 6.14.16 I:E Ratio</p> <p><input checked="" type="checkbox"/> 6.14.19 PLC @ 30 cm H2O</p> <p><input checked="" type="checkbox"/> 6.14.20 PLC @ MIN</p> <p><input checked="" type="checkbox"/> 6.14.22 "REVERSE FLOW" - Alarm</p> <p><input checked="" type="checkbox"/> 6.14.28 APNEA VOL - Alarm</p> <p><input checked="" type="checkbox"/> 6.14.32 Flow Direction Check</p> <p><input checked="" type="checkbox"/> 6.14.33 Tidal Volume</p> <p>6.15 BELLOWS - Adult/ Pediatric Int./ Pediatric Ext.</p> <p>6.15.1 BELLOWS ADULT</p> <p><input checked="" type="checkbox"/> 6.15.1.1 1200 ml Tidal Volume</p> <p><input checked="" type="checkbox"/> 6.15.1.2 Bellows Inflation Check</p> <p><input checked="" type="checkbox"/> 6.15.1.7 Drive Gas Leakage</p> <p><input checked="" type="checkbox"/> 6.15.1.14 Max Tidal Volume</p> <p><input checked="" type="checkbox"/> 6.15.1.15 Relief Valve PEEP</p> <p><input checked="" type="checkbox"/> 6.15.1.21 200ml Tidal Volume</p>	<p>6.15.2 PEDIATRIC - EXTERNAL</p> <p><input checked="" type="checkbox"/> 6.15.2.4 Bellows Inflation Check</p> <p><input checked="" type="checkbox"/> 6.15.2.7 Max Tidal Volume</p> <p><input checked="" type="checkbox"/> 6.15.2.9 100 Tidal Volume</p> <p><input checked="" type="checkbox"/> 6.15.2.12 Relief Valve PEEP</p> <p><input checked="" type="checkbox"/> 6.15.2.19 Drive Gas Leakage</p> <p>6.15.3 PEDIATRIC - INTERNAL</p> <p><input checked="" type="checkbox"/> 6.15.3.3 Bellows Inflation Check</p> <p><input checked="" type="checkbox"/> 6.15.3.6 Max Tidal Volume</p> <p><input checked="" type="checkbox"/> 6.15.3.8 100 Tidal Volume</p> <p><input checked="" type="checkbox"/> 6.15.3.10 Relief Valve PEEP</p> <p><input checked="" type="checkbox"/> 6.15.3.17 Drive Gas Leakage</p> <p>6.16 SPO2/ PULSE</p> <p><input checked="" type="checkbox"/> 6.16.1 Nellcor</p> <p><input type="checkbox"/> 6.16.2 Novamatrix</p> <p>6.17 NIBP TESTS</p> <p><input checked="" type="checkbox"/> 6.17.1 Inflation Pressure Test</p> <p><input checked="" type="checkbox"/> 6.17.2 Inflation Time Test</p> <p><input checked="" type="checkbox"/> 6.17.3 NIBP Leak Test</p> <p>6.18 CO2/ AGENT ANALYZER</p> <p><input checked="" type="checkbox"/> 6.18.1 Sample Flow Verification</p> <p><input checked="" type="checkbox"/> 6.18.2 Line Block Test</p> <p><input checked="" type="checkbox"/> 6.18.3 Analyzer Accuracy Test</p> <p><input checked="" type="checkbox"/> 6.19 OPEN RESERVOIR Cleaning & Testing - DUE <u>12/04</u></p> <p><input type="checkbox"/> 6.20 A/C SCAVENGER Cleaning & Testing - DUE <u>n/a</u></p> <p><input type="checkbox"/> 6.21 BAG SCAVENGER Cleaning & Testing - DUE <u>n/a</u></p> <p><input checked="" type="checkbox"/> 6.22 SUCTION REGULATOR DUE <u>12/04</u></p> <p><input checked="" type="checkbox"/> 6.23 MANUAL SPHYGMOMETER DUE <u>12/04</u></p> <p>6.24 FINAL TESTS</p> <p><input checked="" type="checkbox"/> 6.24.1 Operator's Instruction Manual</p> <p><input checked="" type="checkbox"/> 6.24.3 Battery Test</p> <p><input checked="" type="checkbox"/> 6.24.5 Auxiliary Lamp</p>
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VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,E,I,S)	1.0 VOL %		2.5 VOL %		4.0 VOL %		RECOMMENDED FOR USE	
			RIKEN	MULTI	RIKEN	MULTI	RIKEN	MULTI	YES	NO
	ARNF-0001	H	1.1	1.0	2.7	2.7	4.1	4.0	X	
	ARNF-0002	S	1.0	1.1	2.6	2.5	4.0	4.1	X	
	ARNF-0003	I	1.2	1.1	2.5	2.6	4.2	4.1	X	

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID
	multi-meter	01/04	EL-1111			
	safety analyzer	03/04	ES-2222			
	flowmeter	02/04	FM-1111			
	manometer	01/04	PM-1111			

RECOMMENDATIONS/ GENERAL COMMENTS	CERTIFICATION LEVEL	
	LAST VISIT	A
	THIS VISIT	A
	NEXT VISIT DUE	12/03

T. S. R. Signature Joe Tech I. D. No. E-001 Time 1:35 am Customer Signature Dr. Jones Date 09/20/03

REGULATORY AFFAIRS

8010052 REV H

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17505

Drägermedical

A Dräger and Siemens Company

TEST CERTIFICATE
Narkomed MRI/MRI-2

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION GENERAL HOSPITAL
ADDRESS 123 MAIN STREET
CITY ANYTOWN STATE PA ZIP 18970
TELEPHONE (610) 368-4361SOFTWARE VERSION NUMBER 1.11
MACHINE SERIAL NUMBER 4087
ROOM NUMBER 8
P.O. NUMBER 73684
DISPATCH NUMBER N/A

- ☒ SP00073 Vapor 19 & 19.1 Service Procedures
☒ K.I.S.S. Label
☒ Verify Test Equipment Cal Due Dates
- 6.1 ELECTRICAL SAFETY TEST
☒ 6.1.1 Circuit Isolation
☒ 6.1.2 Ground Continuity
6.1.3. Leakage Current
Ground Polarity
☒ 6.1.3.2 Normal Normal 25 μ A
☒ 6.1.3.4 Open Normal 0 μ A
☒ 6.1.3.5 Normal Reverse 25 μ A
☒ 6.1.3.7 Open Reverse 0 μ A

☐ 6.2 SELF DIAGNOSTIC TEST - CORE-M

- ☒ 6.2A Self Diagnostic - VPO
☒ 6.2B Configuration - VPO
6.2C SERVICE DATA - VPO
☒ 6.2C.3 Last Service Date 1/05/02
☒ 6.2C.4 Hours Since Last Service 331
☒ 6.2C.5 Total Hours 729
☒ 6.2C.4 Reset Date

☒ 6.3 BATTERY CIRCUIT TEST

6.4 HIGH PRESSURE LEAK TEST

- ☒ 6.4.1 Yoke & Check Valve
☒ 6.4.2 O2 High Press Leak Test
☒ 6.4.3 N2O High Press Leak Test

6.5 HIGH PRESSURE REGULATOR TEST

- ☒ 6.5.12 O2 High Pressure Regulator
☒ 6.5.18 N2O High Pressure Regulator
☒ 6.5.18 AIR High Pressure Regulator

6.6 GAUGES

- ☒ 6.6.1 Cylinder Gauges
☒ 6.6.2 Pipeline Gauges

6.7 O2 SUPPLY FAILURE PROTECTION TEST

- ☒ 6.7.1.5 N2O OFPD (Cyl)
☒ 6.7.1.10 N2O OFPD (Pipe)
☒ 6.7.2.5 Air OFPD
☒ 6.7.3.4 O2 Supp Press Alarm 37 psi

6.8 FLOWMETER TEST

- ☒ 6.8.1 O2 Flowmeter
☒ 6.8.1.7 O2 Flow: Min Flow 175 ml/min
☒ 6.8.2 N2O Flowmeter
☒ 6.8.3 Air Flowmeter
☒ 6.8.4 Auxiliary O2 flowmeter

6.9 FRESHGAS LEAK TEST

- ☒ 6.9.6 Fresh Gas Leak 45 cm H2O
☒ 6.9.9 Vapor Leak 45 cm H2O

6.10 ABSORBER SYSTEM

- ☒ 6.10.1 Absorber System Inspection
☒ 6.10.2 Abs Leak Test 45 cm H2O
☒ 6.10.3.4 APL Valve Test 2 cm H2O
☒ 6.10.4.1 Expiration Valve Leak
☒ 6.10.4.2 Inspiration Valve Leak
☒ 6.10.4.3 Flow Direction

6.10A BAIN CIRCUIT

- ☐ 6.10A.7 Bain Circuit Leak _____ cmH2O
☐ 6.10A.12 APL Valve

6.10B VAPOR EXCLUSION

- ☐ 6.10B.3 Lower Vaporizer
☐ 6.10B.6 Upper Vaporizer

6.11 CALIBRATION CORE M

- ☐ 6.11.5 Flow Calibration
6.11A CALIBRATION-VPO
☒ 6.11A.3 O2 Offset Calibration
☒ 6.11A.10 Baromed Calibration

6.12 OXYGEN CAL AND ALARM-CORE-M

- ☐ 6.12.4 O2 Lo Calibration _____ % O2
☐ 6.12.6 O2 Alarms
☐ 6.12.4 O2 LO Calibration _____ % O2
☐ 6.12.6 O2 Alarms
☐ 6.12.11 O2 Hi Calibration _____ % O2
6.12A O2 MED - VPO
☐ 6.12A.6 O2 Calibration _____ % O2
☐ 6.12A.9-22 O2 Alarms
☐ 6.12A.23 O2 Med Calibrations _____ % O2

6.13 PRESSURE ACCURACY CORE-M

- ☐ 6.13.7 Pressure Accuracy
☐ 6.13.9 Pressure Hi Alarm
6.13A BAROMED - VPO
☒ 6.13A.15 Apnea Mid Delay 15 sec
☒ 6.13A.16 Apnea Hi Delay 28 sec
☒ 6.13A.18 Apnea Setting 10 cmH2O
☒ 6.13A.21 Cont. Press Delay 15 sec
☒ 6.13A.22 Continuous Setting 20 cmH2O
☒ 6.13A.24 Vent Pressure High 65 cmH2O
☒ 6.13A.27 Sub-Atm Pressure 9 cmH2O

6.14 VOLUME CORE-M

- ☐ 6.14.11 Apnea Vol Mid Alert Delay _____ sec
☐ 6.14.12 Apnea Vol Hi Alert Delay _____ sec
☐ 6.14.21 Minute Vol Accuracy
☐ 6.14.28 Tidal Vol Accuracy
☐ 6.14.31 Respiratory Rate Hi Alert Alarm

6.14A ULTRASONIC FLOW SENSOR - VPO

- ☒ 6.14A.6 Apnea Volume Mid 15 sec
☒ 6.14A.7 Apnea Volume 30 sec
☒ 6.14A.8 Minute Volume Low Alarm
☒ 6.14A.24 Minute Volume Accuracy
☒ 6.14A.26 Reverse Flow Message
6.15 VENTILATOR TEST
☒ 6.15.13 Peak Insp Press 64 cm H2O
☒ 6.15.16 Insp Time 2.0 sec
☒ 6.15.18 Exp Time 4.0 sec
☒ 6.15.21 Extended Insp Time 4.0 sec
☒ 6.15.23 Extended Expir Time 2.0 sec
☒ 6.15.24 Vent Cycle Test
6.16 BELLOWS DRIVE GAS LEAK TEST
☒ 6.16.8 Drive Gas Leak Flow 20 ml/min
6.17 "F" BELLOWS TEST
☒ 6.17.6 200 Tidal Vol 200 ml
☒ 6.17.8 1000 Tidal Vol 1000 ml
☒ 6.17.12 Max Tidal Vol 1300 ml
6.18 VENT RELIEF VALVE TEST
☒ 6.18.5 Max PEEP 2 cm H2O
☒ 6.18.7 Tidal Vol Test
6.19 INSP PRESSURE LIMIT TEST
☒ 6.19.5 Peak Pressure @ "MIN" 12 cm H2O
☒ 6.19.7 Peak Pressure @ "30" 30 cm H2O
☒ 6.19.9 Peak Pressure @ "MAX" 50 cm H2O
6.20 O2 CONCENTRATION TEST
☒ 6.20.1.14 O2 & N2O Concentration Test 66 % O2
☒ 6.20.2.4 O2 & Air Concentration Test 75 % O2
6.21 O2 RATIO CONTROL TEST
☒ 6.21.5 O2% @ 1l/min 25 % O2
☒ 6.21.7 O2% @ 1.5l/min 25 % O2
☒ 6.21.9 O2% @ 2l/min 25 % O2
☒ 6.21.11 O2% @ 4l/min 25 % O2
☒ 6.21.14 O2% @ 1l/min 25 % O2
☒ 6.21.15 N2O Flow @ min O2 500 ml/min
6.22 O2 FLUSH & 100% O2 FINAL TEST
☒ 6.22.14 O2 Flush Rate 55 l/min
☒ 6.22.19 O2 Concentration 99 %
☐ 6.23 A/C SCAVENGER
☒ 6.24 OPEN RESERVOIR SCAVENGER
6.25 SUCTION REGULATOR (if applicable)
☐ 6.25.7 Vacuum @ "Zero"
☐ 6.25.11 Vacuum @ 250mmHg
☒ 6.26 FINAL CHECK

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H.E.I.S.)	1.0 VOL. % RIKEN	2.5 VOL. % RIKEN	4.0 VOL. % RIKEN	RECOMMENDED FOR USE	
	+ARCH-1234	H	1.07	2.53	4.11	YES	NO
	ARCK 9999	S	1.02	2.67	4.25		
TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID	
	BIOTEK 501	6/03	746	VOLUMETER	6/03	893	
	SENSYM.	6/03	782	FLOWMETER	6/03	400	
	RIKEN MODEL 1814	6/03	763				
	TEST GAUGE	6/03	006				

RECOMMENDATIONS/ GENERAL COMMENTS	SEE REVERSE SIDE CONDITION NUMBER 30	CERTIFICATION LEVEL	
		LAST VISIT	8
		THIS VISIT	8
		NEXT VISIT DUE	9/02

John Green Technical Service Representative Signature	E-409 I.D. No.	Drew Jones, MD Customer Signature	6/6/02 Date
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DrägerService is a division of Draeger Medical, Inc.

REGULATORY AFFAIRS

4114551 REV E

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17506

Drägermedical

A Dräger and Siemens Company

**NARKOMED 6000 SERIES
Anesthesia Systems**

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION GENERAL HOSPITAL SOFTWARE VERSION NUMBER 3.01
ADDRESS 123 MAIN STREET MACHINE SERIAL NUMBER 12385
CITY ANYTOWN STATE PA ZIP 18970 ROOM NO. 8
TELEPHONE (610) 368-4361 CONTACT Dr. Jones P.O. NUMBER 73684
DISPATCH NUMBER D7643CF2

- ☒ Verify Test Equipment Due Dates
☒ Dräger Vaporizer Verification - SP00073
☒ DES Vaporizer Verification - SP00189

- 6.1 SERVICE MENU
☒ 6.1.11 6-Month Parts Kit - Due 12-02
☒ 6.1.11 1-Year Parts Kit - Due 06-03
☒ 6.1.11 2-Year Parts Kit - Due 06-04
☒ 6.1.11 3-Year Parts Kit - Due 06-03
☒ 6.1.14 Next PMC Due 09-02
☒ 6.1.19 O2 Zero Cal
☒ 6.1.20 Pressure Zero & Span Cal
☒ 6.1.21 Touch Screen Cal

- 6.2 PRESSURE MONITOR
☒ 6.2.3 APNEA Pressure Caution
☒ 6.2.4 APNEA Threshold
☒ 6.2.6 CONTINUOUS Pressure Warning
☒ 6.2.7 CONTINUOUS Threshold
☒ 6.2.8 VENT PRES HI Threshold
☒ 6.2.10 SUB ATM PRES Threshold

- ☒ 6.3 DUSTING & LINT CLEANING - Due 06-03
☒ 6.4 OPEN RESERVOIR CLEANING - Due 12-02
☐ 6.5 A/C SCAVENGER CLEANING - Due _____
☒ 6.6 DIVAN INSPECTIONS
☒ 6.6.25 CPU-1 Battery Replacement - Due 06-07
☒ 6.7 HIGH PRESSURE LEAK

- 6.8 FRESH GAS LEAK / EXCLUSION / SOLENOID / O2 FLUSH
☒ 6.8.3 Fresh Gas Leak
☒ 6.8.5 Left Vapor Leak
☒ 6.8.9 Right Vapor Leak
☒ 6.8.13 Upper Vapor Leak
☒ 6.8.16 Vapor Exclusion System
☒ 6.8.20 Control Solenoid Leak
☒ 6.8.24 O2 Flush Rate

- 6.9 DIVAN SERVICE MENU
☒ 6.9.1 Error Log
☒ 6.9.2 Confirm Mode Verification
☒ 6.9.3 Power Up Default Settings
☒ 6.9.4 Breathing System Heater
☒ 6.9.5 Pressure Sensor Zero Calibration
☒ 6.9.6 Pressure Sensor Linearity
☒ 6.9.7 Vacuum Relief Valve
☒ 6.9.8 PE3 Sensor / Control Pressure
☒ 6.9.9 Secondary Control Pressure
☒ 6.9.10 Expiratory Valve Leak
☒ 6.9.11 Inspiratory Valve Leak
☒ 6.9.12 Ventilator Override
☒ 6.9.13.3 Power-Up Divan Leak Rate
☒ 6.10 SUCTION SWITCH - Due 12-02
☒ 6.11 SUCTION REGULATOR - Due 12-02
6.12 OXYGEN ANALYZER
☒ 6.12.2 O2 Analyzer Concentration
☒ 6.12.9 O2 Analyzer O2 Calibration

- 6.13 FLOWMETERS/GAS CONCEN/EFG MEASURE
☒ 6.13.1 Oxygen Flowmeter
☒ 6.13.2 Air Flowmeter
☒ 6.13.3 Nitrous Oxide Flowmeter
☒ 6.13.4.2 O2 Ratio Control @ 4 L/min
☒ 6.13.4.4 O2 Ratio Control @ 2 L/min
☒ 6.13.4.6 O2 Ratio Control @ 1 L/min
☒ 6.13.5 Auxiliary Oxygen Flowmeter

- 6.14 HIGH PRESSURE REGULATOR - Due 12-02
☒ 6.14.1 N2O Regulator
☒ 6.14.2 Air Regulator
☒ 6.14.3 O2 Regulator

- ☒ 6.15 LOW O2 SUPPLY - Due 12-02
6.16 OXYGEN SUPPLY FAILURE PROTECTION
☒ 6.16.3 Minimum O2 Flow
☒ 6.16.5 N2O Flow @ Minimum O2 Flow
☒ 6.16.8 N2O & AIR - Oxygen Supply Protection

- 6.17 DIVAN OPERATING MODES
☒ 6.17.1 Mechanical Ventilation
☒ 6.17.1.13 APNEA VOL. Caution
☒ 6.17.1.14 Reverse Flow
☒ 6.17.1.19 Tidal Volume Accuracy
☒ 6.17.1.23 PEEP Set @ 20 cm H2O
☒ 6.17.1.25 PEEP Set @ 0 cm H2O
☒ 6.17.1.31 SIMV Synchronized Breath
☒ 6.17.1.34 Pres. Mode PEAK Pressure
☒ 6.17.2 Manual/Spont Ventilation
☒ 6.18 OPEN RESERVOIR PRESSURE RELIEF - Due 12-02
☐ 6.19 A/C SCAVENGER PRESSURE RELIEF - Due _____
6.20 GAS ANALYSIS POD (GAP)
☒ 6.20.1.4 Min Sample Flow
☒ 6.20.1.6 Max Sample Flow
☒ 6.20.1.9 CO2 Line Block
☒ 6.20.2.4 MEAN CO2
☒ 6.20.2.5 MEAN N2O
☒ 6.20.2.6 MEAN DES
☒ 6.20.2.9 APNEA CO2 Caution

- 6.21 GAS ANALYSIS POD (GAP2)
☒ 6.21.1.4 Low Sample Flow
☒ 6.21.1.6 Normal Sample Flow
☒ 6.21.1.9 CO2 Line Block
☒ 6.21.2.4 MEAN CO2
☒ 6.21.2.5 MEAN N2O
☒ 6.21.2.6 MEAN ISO
☒ 6.21.2.7 MEAN SEV
☒ 6.21.2.10 APNEA CO2 Caution

- 6.22 ELECTRICAL SAFETY
☒ 6.22.1 Ground Continuity
☒ 6.22.2 Circuit Isolation
☒ 6.22.3.3 Chassis Leakage Current
Ground Polarity
☒ Normal Normal 0 µA
☒ Open Normal 90 µA
☒ Open Reverse 90 µA
☒ Normal Reverse 0 µA
☒ 6.22.4 Convenience Receptacle & Outlet Strip

- 6.23 FINAL CHECKS
☒ 6.23.3 Alarm Audio Silence
☒ 6.23.6 Primary Speaker Test
☒ 6.23.7 Backup Speaker Test
☒ 6.23.8 Battery Test
☒ 6.23.14 Divan Leak & Compliance Check
☒ 6.23.18 Operator's Instruction Manual

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,D,E,I,S)	1.0 VOL %	2.5 VOL %	4.0 VOL %	6.0 VOL %	10.0 VOL %	12.0 VOL %	16.0 VOL %	RECOMMENDED FOR USE	
										YES	NO
	AREJ 1234	H	1.07	2.53	4.11					<input checked="" type="checkbox"/>	
	AW614375	D			4.0	6.4	10.2	12.4	16.8	<input checked="" type="checkbox"/>	
	AREF2345	I	1.05	2.6	3.9					<input checked="" type="checkbox"/>	

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID
	BIOTEK 501	09/02	7342	FLOWMETER	04/03	0081
	MULTI-METER	01/03	2733			
	SENSYM	09/02	2212			
	RIKEN MODEL 18	08/02	0424			
	TEST GAUGE	02/03	0063			
	VOLUMETER	02/03	2300			

PARTS DESCRIPTION	PART NUMBER	WHSE	QTY	C/C S/N
Kit, PM NM60001Y	4115074-002	409	1	N/A

RECOMMENDATIONS/ GENERAL COMMENTS	NO RECOMMENDATIONS	CERTIFICATION LEVEL	
		LAST VISIT	A
		THIS VISIT	A
		NEXT VISIT DUE	9/02

T. S. R. Signature John Green I. D. No. E-409 Time 6:00pm Customer Signature Drew Jones, MD Date 06/06/02

REGULATORY AFFAIRS

4115093 REV F

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP175007



NARKOMED MOBILE / MILITARY ANESTHESIA SYSTEM

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL		SOFTWARE VERSION NUMBER	1.01
ADDRESS	123 MAIN STREET		MACHINE SERIAL NUMBER	12385
CITY	ANYTOWN	STATE	PA	ZIP 18970
TELEPHONE (610)	368-4361	CONTACT	Dr. Jones	
			ROOM NUMBER	8
			P.O. NUMBER	73684
			DISPATCH NUMBER	D7643CF2

<input checked="" type="checkbox"/> Verify Test Equipment Due Dates <input checked="" type="checkbox"/> SP00075 Relief Valve Diaphragm Due <u>9/23/03</u> <input checked="" type="checkbox"/> Dräger Vaporizer Verification SP00073 <input checked="" type="checkbox"/> DES Vaporizer Verification SP00091/SP00189 6.1 SELF DIAGNOSTICS 6.2 ELECTRICAL SAFETY - DUE <u>9/23/03</u> <input checked="" type="checkbox"/> 6.2.1 Battery Check & Ground Continuity <input checked="" type="checkbox"/> 6.2.2 Circuit Isolation 6.2.3.3 Chassis Leakage Current Ground Polarity <input checked="" type="checkbox"/> 6.2.3.3.1 Normal Normal <u>28</u> μ A <input checked="" type="checkbox"/> 6.2.3.3.2 Open Normal <u>0</u> μ A <input checked="" type="checkbox"/> 6.2.3.3.3 Open Reversed <u>30</u> μ A <input checked="" type="checkbox"/> 6.2.3.3.4 Normal Reversed <u>0</u> μ A 6.3 CONFIGURATION 6.4 SERVICE DATA <input checked="" type="checkbox"/> 6.4.8 Reset Service Date <input checked="" type="checkbox"/> 6.4.10 Next Service - Due <u>9/23/03</u> 6.5 CALIBRATIONS - DUE <u>3/01/04</u> <input checked="" type="checkbox"/> 6.5.3 O ₂ Analyzer Zero Calibration <input checked="" type="checkbox"/> 6.5.11 Pressure Zero & Span Calibration 6.6 ABSORBER INSPECTION <input checked="" type="checkbox"/> 6.6.8 Ultrasonic Flow Sensor - Mobile <input checked="" type="checkbox"/> 6.6.9 Spiromed Sensor - Military <input checked="" type="checkbox"/> 6.7 HIGH PRESSURE LEAK	6.8 BREATHING SYSTEM <input checked="" type="checkbox"/> 6.8.1.9 Absorber & Fresh Gas Leak <input checked="" type="checkbox"/> 6.8.1.11 Vaporizer Leak <input checked="" type="checkbox"/> 6.8.2 APL Valve <input checked="" type="checkbox"/> 6.8.3 O ₂ Flush <input checked="" type="checkbox"/> 6.8.4 Exploratory Valve Leak Test <input checked="" type="checkbox"/> 6.8.5 Inspiratory Valve Leak Test <input checked="" type="checkbox"/> 6.8.6 Absorber PEEP Valve Test 6.9 OXYGEN ANALYZER <input checked="" type="checkbox"/> 6.9.2 O ₂ Calibration <input checked="" type="checkbox"/> 6.9.15 100% O ₂ Concentration 6.10 FLOWMETER & CONCENTRATIONS <input checked="" type="checkbox"/> 6.10.1 Oxygen Flowmeter <input checked="" type="checkbox"/> 6.10.2 Air Flowmeter & O ₂ /Air Concentration <input checked="" type="checkbox"/> 6.10.3 N ₂ O Flowmeter & O ₂ /N ₂ O Concentration <input checked="" type="checkbox"/> 6.10.4 ORC Tests @ 1, 2 & 4 l/min O ₂ <input checked="" type="checkbox"/> 6.10.5 Auxiliary Oxygen Flowmeter 6.11 HIGH PRESS. REG - DUE <u>3/01/04</u> <input checked="" type="checkbox"/> 6.11.1 N ₂ O Regulator <input checked="" type="checkbox"/> 6.11.2 O ₂ Regulator <input checked="" type="checkbox"/> 6.12 LOW O₂ SUPPLY - DUE <u>3/01/04</u> 6.13 O₂ SUPPLY FAILURE PROTECTION <input checked="" type="checkbox"/> 6.13.2 Minimum O ₂ Flow <input checked="" type="checkbox"/> 6.13.4 N ₂ O Bypass Flow @ Min. O ₂ <input checked="" type="checkbox"/> 6.13.7 O. F.P.D. Verification - All Gases	6.14 PRESSURE MONITOR <input checked="" type="checkbox"/> 6.14.5 APNEA Pressure - Alarm <input checked="" type="checkbox"/> 6.14.6 APNEA Pressure - Setting <input checked="" type="checkbox"/> 6.14.8 Continuous Pres. - Alarm <input checked="" type="checkbox"/> 6.14.9 Continuous Pres. - Setting <input checked="" type="checkbox"/> 6.14.10 Vent. Pres. Hi - Alarm & Setting <input checked="" type="checkbox"/> 6.14.11 Sub. Atm Pres. - Alarm & Setting 6.15 VENTILATOR <input checked="" type="checkbox"/> 6.15.7 I:E Ratio - Extended Range <input checked="" type="checkbox"/> 6.15.8 I:E Ratio <input checked="" type="checkbox"/> 6.15.17 PLC @ 30 <input checked="" type="checkbox"/> 6.15.18 PLC @ MIN <input checked="" type="checkbox"/> 6.15.20 Reverse Flow <input checked="" type="checkbox"/> 6.15.30 Flow Direction Check <input checked="" type="checkbox"/> 6.15.31 Tidal Volume <input checked="" type="checkbox"/> 6.15.35 AIR/O ₂ Mode Switch 6.16 BELLOWS ADULT <input checked="" type="checkbox"/> 6.16.1 1200 ml Tidal Volume <input checked="" type="checkbox"/> 6.16.2 Bellows Inflation Check <input checked="" type="checkbox"/> 6.16.7 Drive Gas Leakage <input checked="" type="checkbox"/> 6.16.14 Max Tidal Volume <input checked="" type="checkbox"/> 6.16.15 Relief Valve PEEP <input checked="" type="checkbox"/> 6.16.21 200 ml Tidal Volume 6.17 SCAVENGER <input checked="" type="checkbox"/> 6.17.1 Passive Mode <input checked="" type="checkbox"/> 6.17.2 Suction Mode 6.18 FINAL TESTS <input checked="" type="checkbox"/> 6.18.1 Operator's Instruction Manual
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VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,E,I,S,D)	1.0 VOL % RIKEN	2.5 VOL % RIKEN	4.0 VOL % RIKEN	RECOMMENDED FOR USE	
						YES	NO
	+ARCH-1234	H	1.07	2.53	4.11	X	
	ARCK 9999	S	1.02	2.67	4.25	X	

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID
	BIOTEK 501	6/03	746			
	SENSYM	6/03	782			
	RIKEN 1814	6/03	763			
	TEST GAUGE	6/03	006			
	FLOWMETER	6/03	893			
	VOLUMETER	6/03	400			

P A R T S	PARTS DESCRIPTION	PART NUMBER	WHSE	QTY	C / C S / N
	VENT RELIEF DIA	4110960	409	1	

RECOMMENDATIONS/ GENERAL COMMENTS	SEE REVERSE SIDE CONDITION NUMBER 30	CERTIFICATION LEVEL	
		LAST VISIT	N/A
		THIS VISIT	B
		NEXT VISIT DUE	1/1/03

T. S. R. Signature	John Green	I. D. No.	E-409	Time	6:00pm	Customer Signature	Drew Jones, MD	Date	6/5/02
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SP17512

Drägermedical

A Dräger and Siemens Company

**FABIUS TIRO
ANESTHESIA SYSTEM**

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL	SOFTWARE VERSION NUMBER	2.0
ADDRESS	123 MAIN STREET	MACHINE SERIAL NUMBER	11325
CITY	ANYTOWN	STATE	PA ZIP 18970
TELEPHONE (215)	321-6543	CONTACT	Dr. Smith
		ROOM NUMBER	2
		P.O. NUMBER	65829
		DISPATCH NUMBER	D7342BC1

8.1 ELECTRICAL SAFETY <input checked="" type="checkbox"/> 8.1.1 Protective Ground Continuity <input checked="" type="checkbox"/> 8.1.2 Circuit Isolation <input checked="" type="checkbox"/> 8.1.3 Auxiliary Outlet <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.1.4.3 Chassis Leakage Current Open/Normal 9 µA Normal/Normal 0 µA Open/Reverse 9 µA Normal/Reverse 0 µA 8.2 SYSTEM DIAGNOSTICS <input checked="" type="checkbox"/> 8.3 BATTERY CIRCUIT <input checked="" type="checkbox"/> 8.4 CONFIGURATION 8.5 SERVICE DATA <input checked="" type="checkbox"/> 8.5.3 Last Service Date 7-10-03 Hours Since Service 100 Total Hours 200 Total Ventilator Hours 150 <input checked="" type="checkbox"/> 8.5.7 Ventilator O-Ring 8.6 CALIBRATIONS <input checked="" type="checkbox"/> 8.6.4 Fresh Gas Flow <input checked="" type="checkbox"/> 8.6.7 Pressure <input checked="" type="checkbox"/> 8.6.9 O2 Offset <input checked="" type="checkbox"/> 8.6.11 PEEP 8.7 SITE CONFIGURATIONS <input checked="" type="checkbox"/> 8.7.2 O2 Position (virtual) R <input checked="" type="checkbox"/> 8.7.3 Gas Selection 3 <input checked="" type="checkbox"/> 8.7.5 O2 Whistle ON <input checked="" type="checkbox"/> 8.7.6 No Fresh Gas ON <input checked="" type="checkbox"/> 8.7.7 Fresh Gas Low Alarm ON <input checked="" type="checkbox"/> 8.7.8 Threshold Low Alarm ON <input checked="" type="checkbox"/> 8.7.9 Ambient Pressure 1013 mbar <input checked="" type="checkbox"/> 8.7.12 Serial Ports 8.8 SCAVENGER - AGS 8.9 BREATHING SYSTEM <input checked="" type="checkbox"/> 8.9.1 Breathing System Inspection <input checked="" type="checkbox"/> 8.9.1.1 Breathing System S/N ARCC-1263 8.9.2 FRESH GAS LEAK <input checked="" type="checkbox"/> 8.9.2.6 Fresh G. Leak 25 cm/H2O <input checked="" type="checkbox"/> 8.9.2.9 Fresh G. Lk w/vap 25 cm/H2O <input type="checkbox"/> n/a 8.9.3 BREATHING SYSTEM 8.9.4 APL VALVE <input checked="" type="checkbox"/> 8.9.4.6 APL Valve 10 cm/H2O <input checked="" type="checkbox"/> 8.9.4.7 APL Valve 10.40 cm/H2O 8.9.5 INHALATION AND EXHALATION VALVES <input checked="" type="checkbox"/> 8.9.5.6 Inh. valve leak 5 cc/min <input checked="" type="checkbox"/> 8.9.5.12 Exh. valve leak 5 cc/min 8.9.6 FRESH GAS DECOUPLING VALVE <input checked="" type="checkbox"/> 8.9.6.7 Fresh Gas Decpl Valve Leak 5 ml/min	8.9.7 LEAKAGE CONTROL PORT <input checked="" type="checkbox"/> 8.9.7.5 Leakage Control Port 5 cc/min 8.10 YOKES & GAUGES <input checked="" type="checkbox"/> 8.10.1 Yokes & Gauges <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.10.2 Cylinder Gauges <input type="checkbox"/> n/a 8.11 GAS INLET REGULATOR OUTPUT <input checked="" type="checkbox"/> 8.11.1.6 O2 Inlet Regulator 29 psi <input checked="" type="checkbox"/> 8.11.2.4 N2O Inlet Reg. 29 psi <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.11.3.4 O2 Pipeline Chk Valve 2 cc/min <input checked="" type="checkbox"/> 8.11.3.6 N2O Pipeline Chk Valve 2 cc/min <input type="checkbox"/> n/a 8.12 CYL. REGULATOR & PIPELINE GAUGES <input checked="" type="checkbox"/> 8.12.1 N2O Cylinder Regulator <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.12.1.8 N2O Cylinder Regulator 35 psi <input checked="" type="checkbox"/> 8.12.2 N2O Gauge <input checked="" type="checkbox"/> 8.12.2.4 N2O Gauge Accuracy 2 psi <input checked="" type="checkbox"/> 8.12.3.3 N2O Pipeline Leak 2 psi <input checked="" type="checkbox"/> 8.12.4 Air Cylinder Regulator <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.12.4.7 Air Cylinder Regulator 29 psi <input checked="" type="checkbox"/> 8.12.5 Air Pipeline Gauge Accuracy <input checked="" type="checkbox"/> 8.12.6.3 Air Pipeline Leak 2 psi <input checked="" type="checkbox"/> 8.12.7 O2 Cylinder Regulator 30 psi <input checked="" type="checkbox"/> 8.12.8 O2 Pipeline Gauge Accuracy <input checked="" type="checkbox"/> 8.12.9.2 O2 Pipeline Leak 2 psi 8.13 HIGH PRESSURE LEAK <input checked="" type="checkbox"/> 8.13.1.6 O2 High Pressure Leak 2 psi <input checked="" type="checkbox"/> 8.13.2.7 N2O High Pressure Leak 2 psi <input type="checkbox"/> n/a 8.14 OXYGEN SUPPLY FAILURE PROTECTION <input checked="" type="checkbox"/> 8.14.1 N2O <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.14.2.5 O2 Supply Press. Alarm 20 psi <input checked="" type="checkbox"/> 8.14.2.6 O2 SUPPLY LOW - Alarm 8.15 FLOWMETERS <input checked="" type="checkbox"/> 8.15.1 O2 Flowmeter <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.15.2 N2O Flowmeter <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.15.3 Air Flowmeter <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.15.4 Aux/O2 Flowmeter <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.15.4.5 Aux/O2 leakage 50 cm/H2O <input checked="" type="checkbox"/> 8.15.4.10 Aux/O2 Concentration 100%O2 8.16 OXYGEN MONITOR <input checked="" type="checkbox"/> 8.16.12 INSP O2 LOW Alarm <input checked="" type="checkbox"/> 8.16.20 INSP O2 HIGH Alarm <input checked="" type="checkbox"/> 8.16.23 O2 Concentration 99%O2 8.17 OXYGEN CONCENTRATIONS <input checked="" type="checkbox"/> 8.17.1. O2/N2O Concentration <input type="checkbox"/> n/a <input checked="" type="checkbox"/> 8.17.1.5 O2/N2O Concentration 67 %O2 <input checked="" type="checkbox"/> 8.17.1.7 O2/N2O 4.2 L/min <input checked="" type="checkbox"/> 8.17.1.8 Total Flowmeter 5.0 L/min <input checked="" type="checkbox"/> 8.17.2 O2/Air Concentration <input checked="" type="checkbox"/> 8.17.2.4 O2/Air Concentration 75 %O2	8.18 SORC <input checked="" type="checkbox"/> 8.18.4 SORC@ 0.8L/minO2 25 %O2 <input checked="" type="checkbox"/> 8.18.6 SORC@ 1.5L/minO2 25 %O2 <input checked="" type="checkbox"/> 8.18.8 SORC@ 2.0L/min O2 25 %O2 <input checked="" type="checkbox"/> 8.18.10 SORC@ 10L/min O2 25 %O2 <input checked="" type="checkbox"/> 8.18.11 SORC Low Flow 0.6 L/min <input checked="" type="checkbox"/> 8.18.13 SORC-N2O Lift-Off 0.1 L/min 8.19 PRESSURE MONITOR <input checked="" type="checkbox"/> 8.19.13 APNEA PRESSURE (med) 15 sec <input checked="" type="checkbox"/> 8.19.14 APNEA PRESSURE (high) 30 sec <input checked="" type="checkbox"/> 8.19.16 Apnea P. Setting 8 cm/H2O <input checked="" type="checkbox"/> 8.19.19 CONT. PRES. 15 sec <input checked="" type="checkbox"/> 8.19.20 Cont. Pres. Setting 17 cm/H2O <input checked="" type="checkbox"/> 8.19.22 Aw PRES. HIGH Alarm 40 cm/H2O <input checked="" type="checkbox"/> 8.19.25 PRES. NEG. Alarm -8 cm/H2O 8.20 VENTILATOR <input checked="" type="checkbox"/> 8.20.1 Manual Ventilation <input checked="" type="checkbox"/> 8.20.2 Spontaneous Breathing <input checked="" type="checkbox"/> 8.20.3 Flow Sensor Zeroing <input checked="" type="checkbox"/> 8.20.4 Ventilator Delivery <input checked="" type="checkbox"/> 8.20.4.11 Volume Delivery @ 380Vt 390 mL/min <input checked="" type="checkbox"/> 8.20.4.12 Volume Accuracy <input checked="" type="checkbox"/> 8.20.5.2 PEEP Accuracy <input checked="" type="checkbox"/> 8.20.6.3 Pmax Accuracy <input checked="" type="checkbox"/> 8.20.7.4 APL Accuracy @ 40 cm/H2O 39 cm/H2O <input checked="" type="checkbox"/> 8.20.7.6 APL Accuracy @ Spont 0 cm/H2O <input checked="" type="checkbox"/> 8.20.10 Pressure Limit Valve 75 cm/H2O <input checked="" type="checkbox"/> 8.20.11.1 Auxiliary Air Valve -8.2 cm/H2O <input checked="" type="checkbox"/> 8.20.12.3 Vacuum Pressure 198 cm/H2O 8.21 VOLUME ALARMS <input checked="" type="checkbox"/> 8.21.6 MINUTE VOLUME LOW <input checked="" type="checkbox"/> 8.21.9 APNEA FLOW (med) 15 sec <input checked="" type="checkbox"/> 8.21.10 APNEA FLOW (high) 30 sec <input checked="" type="checkbox"/> 8.21.12 FLOW SENSOR FAIL Alarm <input checked="" type="checkbox"/> 8.21.17.3 Fresh Gas Low / No Fresh Gas Alarms <input checked="" type="checkbox"/> 8.22 Audio Silence 8.23 Oxygen Flush <input checked="" type="checkbox"/> 8.23.8 Oxygen Flush 100 %O2 <input checked="" type="checkbox"/> 8.23.12 Oxygen Flush Rate 48 L/min 8.24 Final Tests <input checked="" type="checkbox"/> 8.24.1 Operator's Manual <input checked="" type="checkbox"/> 8.24.2 Lamp Test <input checked="" type="checkbox"/> 8.24.3 Final Check
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VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,E,J,S)	1.0 VOL % RIKEN/MULTI	2.5 VOL % RIKEN/MULTI	4.0 VOL % RIKEN/MULTI	RECOMMENDED FOR USE YES NO	P A R T S D E S C R I P T I O N	PARTS DESCRIPTION	PART NUMBER	WHSE	QTY	C/C S/N	
	+ARCH-1234	H	1.07	2.53	4.11	X							
	ARCK 9999	S	1.02	2.67	4.25	X							
TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID							
	BIOTEK 501	11/02	746	VOLUMETER	11/02	893							
	SENSYM	11/02	782	FLOWMETER	11/02	400							
	RIKEN 1814	10/02	763										
	TEST GAUGE	4/02	006										
RECOMMENDATIONS/ GENERAL COMMENTS	NO RECOMMENDATIONS												
								CERTIFICATION LEVEL					
								LAST VISIT		A			
								THIS VISIT		A			
								NEXT VISIT DUE		7/04			
T. S. R. Signature John Green I. D. No. E-315 Time 5:30pm Customer Signature Drew Jones, MD Date 1/4/03													

4118460 REV A

☐ REGULATORY AFFAIRS

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

Only the owner of the equipment, with user input, can decide suitability for use within a particular environment. Draeger Medical offers the following recommendations for your consideration.			EQUIPMENT CONDITION RECOMMENDATION LEVEL
EQUIPMENT CONDITION	**	DRAEGER MEDICAL RECOMMENDATIONS	
4. * No touch-coded oxygen flow control knob.	II	Install touch-coded oxygen flow control knob.	
11. Ventilator is equipped with descending bellows and lacks integrated CO2 monitoring, or fresh gas low alarm.	I	Install an ascending bellows. With the continued use of descending bellows, it is absolutely mandatory that the system is only used with constant monitoring of the patient's exhaled CO2.	
14. CO2/Agent monitor exhaust port is not properly connected to waste gas disposal system.		Connect monitor exhaust port to waste gas disposal system.	
16.* Vaporizer installed downstream from fresh gas outlet.		Remove vaporizer from downstream position and replace fresh gas hose.	
18.* No waste gas disposal system.		Issue Departmental Alert. Recommend the installation of an appropriate scavenger system.	
19.* No 19mm or 30mm hose terminals for scavenger hose connections.	I	Replace obsolete hose connections on waste gas disposal system.	
21. No ventilator pressure limit control.		Install ventilator pressure limit control on "F" style bellows.	
25. PEEP device on 22mm terminal of expiratory valve.		Issue Department Alert. Remove PEEP device. Install integrated absorber PEEP with bypass valve.	
27. Ventilator bellows has a PEEP Valve.		Remove the ventilator bellows PEEP valve and convert to integrated absorber PEEP valve with bypass valve.	
30. Anesthesia machine is equipped with inhalation anesthesia vaporizers without an agent monitor in the breathing system.		Install an agent monitor, or a Vitalert 3000 series patient monitor. (Use only MRI compatible monitor where applicable.)	
31. Anesthesia machine is equipped with a TEC 6 Desflurane or Draeger Sevoflurane vaporizer, and the 4600 three agent analyzer is indicating another agent when Sevoflurane, or Desflurane are selected.		Upgrade three gas agent analyzer to a 4610 five gas analyzer, or remove the Desflurane, and, or the Sevoflurane vaporizer.	

* Denotes a hazard that is substantially diminished by anesthesia machines complying with current applicable standards for components used in anesthesia systems.

Please refer to page 9-12 in Draeger Medical's Safety guidelines Anesthesia System Risk Reduction manual. (white book located in the storage drawer of the machine or available upon request)

**** ADDITIONAL RECOMMENDATIONS**

- I The system in its present configuration shall only be used with a CO2 monitor incorporating an apnea warning. The operator of the system is advised to frequently scan the CO2 readings and alarm thresholds.
- II The present configuration of equipment requires that the unit operate at all times with an oxygen analyzer that includes a low oxygen warning. The operator of the system is advised to frequently scan the oxygen readings and alarm limits.



CERTIFICATION LEVEL

- B - Certified with Recommendations
- D - No Certification

SP17508

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17509

I M M E D I A T E L Y C O D E D		WARNING
	THIS SYSTEM IS NOT CERTIFIED	
	Refer to the Periodic Manufacturer's checklist and Executive Summary reports for details regarding this inspection.	
	Only the owner of this equipment, with user input, can decide suitability for use within a particular environment.	
	Date: <u>3/4/02</u> Next Visit Due: <u>6/02</u> Authorized Signature: <u>John M. Green</u>  <small>A Dräger and Siemens Company</small>	

4114857

	
<small>A Dräger and Siemens Company</small>	
Periodic Manufacturer's Certification	
Serial Number: <u>11583</u>	
A ⇨ <input checked="" type="checkbox"/> Certified	Time: <u>7:35</u> a.m. <u>p.m.</u>
B ⇨ <input type="checkbox"/> Certified w/ recommendations	Date: <u>8/10/02</u>
C ⇨ <input type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II	Next Visit Due: <u>11/02</u>
<small>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</small>	
Authorized Signature: <u>John M. Green</u> <small>S010007</small>	

	
<small>A Dräger and Siemens Company</small>	
Periodic Manufacturer's Certification	
Serial Number: <u>11583</u>	
A ⇨ <input type="checkbox"/> Certified	Time: <u>7:35</u> a.m. <u>p.m.</u>
B ⇨ <input checked="" type="checkbox"/> Certified w/ recommendations	Date: <u>8/10/02</u>
C ⇨ <input type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II	Next Visit Due: <u>11/02</u>
<small>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</small>	
Authorized Signature: <u>John M. Green</u> <small>S010008</small>	
Call 1-800-543-5047 for service	

	
<small>A Dräger and Siemens Company</small>	
Periodic Manufacturer's Certification	
Serial Number: <u>11583</u>	
A ⇨ <input type="checkbox"/> Certified	Time: <u>7:35</u> a.m. <u>p.m.</u>
B ⇨ <input checked="" type="checkbox"/> Certified w/ recommendations	Date: <u>8/10/02</u>
C ⇨ <input checked="" type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II	Next Visit Due: <u>11/02</u>
<small>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</small>	
Authorized Signature: <u>John M. Green</u> <small>S010007</small>	

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

**CAUTION: AFTER FILLING
HAS BEEN COMPLETED,
REINSERT PLUG INTO
UPPER FILLER PORT AND
TIGHTEN LOCKING SCREW**

4112520-001

CAUTION

DO NOT USE!

THIS UNIT DOES NOT
PERFORM WITHIN
FACTORY SPECIFICATIONS

REFER TO SERVICE
DOCUMENTATION FOR DETAILS

4114327

WARNING

- THE ADMINISTRATION OF DESFLURANE ANESTHESIA MAY REQUIRE FRESH GAS CONCENTRATIONS HIGHER THAN COMMONLY USED WITH OTHER VOLATILE ANESTHETIC AGENTS. O₂ FRESH GAS CONCENTRATION OF LESS THAN 21% MAY BE OBTAINED WITH HIGH VAPORIZER SETTINGS. CONTINUOUS MONITORING OF THE O₂ CONCENTRATION IN THE BREATHING SYSTEM IS THEREFORE REQUIRED.
- NORTH AMERICAN DRÄGER RECOMMENDS THE CONTINUOUS MONITORING OF THE CONCENTRATION OF ANESTHETIC VAPORS IN THE BREATHING SYSTEM DURING THE ADMINISTRATION OF INHALATION ANESTHESIA.

4112737-001

SP17511

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

Drägermedical

A Dräger and Siemens Company

3122 Commerce Drive
Telford, PA 18969 / USA
(215) 721-5402
(800) 543-5047
(215) 723-5935 FAX

NOTICE

- ☐ A Periodic Manufacturer's Certification (PMC) has been performed on this anesthesia machine and it is possible that during the service procedure, settings of the controls, patient circuit components, and other auxiliary devices may have been changed. Please check the machine for proper setup prior to clinical use.
- ☐ It is possible that the vaporizers on this anesthesia machine are empty and require filling. Please check before clinical use.
- ☐ PMC and Executive Summary Reports have been prepared for this anesthesia machine. Please refer to these reports for compliance to any possible recommendations.
- ☐ The Operator's Manual for this anesthesia machine is located in the equipment storage drawer.
- ☐ We were unable to locate the Operator's Manual for this anesthesia machine. Please contact our Technical Service Department at 1-800-543-5047 if the manual for this type of machine is not on file with the institution.
- ☐ **⚠ WARNING: THIS SYSTEM IS NOT CERTIFIED**
Refer to the Periodic Manufacturer's checklist and Executive Summary reports for details regarding this inspection. Only the owner of this equipment, with user input, can decide suitability for use within a particular environment.

NOTE: REMOVE NOTICE BEFORE CLINICAL USE



S010011

**THE CONCENTRATION OUTPUT OF THIS
VAPORIZER SHALL BE VERIFIED AFTER IT HAS
BEEN ATTACHED TO THE ANESTHESIA MACHINE**

S010015

SP17510

Drägermedical
A Dräger and Siemens Company

Periodic Manufacturer's Certification

Serial Number: _____

A ⇔ ☐ Certified Time: _____ a.m. p.m.
B ⇔ ☐ Certified w/ recommendations Date: _____
C ⇔ ☐ Conditionally Certified ☐ I ☐ II Next Visit Due: _____

Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.

Authorized Signature: _____

Call 1-800-543-5047 for service S010006

S010006

Drägermedical
A Dräger and Siemens Company

Periodic Manufacturer's Certification

Serial Number: _____

A ⇔ ☐ Certified
B ⇔ ☐ Certified w/ recommendations
C ⇔ ☐ Conditionally Certified ☐ I ☐ II

Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.

Authorized Signature: _____

S010007

VAPORIZER
VERIFICATION

Drägermedical
A Dräger and Siemens Company

NAME: _____ DATE: _____
TYPE: HAL ENF ISO SEVO DES

☐ NO AGENT TO TEST
1% =
2.5% =
4% =

6% =
10% =
12% =
16% =

☐ PASS

☐ FAIL

S010016

PERIODIC MANUFACTURER'S CERTIFICATION (continued)
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CHAPTER IV

STANDARD COMPLIANCE

The design, production and performance of the various devices utilized in an anesthesia system are frequently subject to standards. These standards are voluntary and manufacturer's are not obligated to comply with them. Certain local ordinances, however, may require specific compliance. It is the intention of most of

the standards to obligate manufacturers to comply with certain minimum safety requirements but it is a further intention to provide for compatibility and interchangeability of certain components of the breathing system such as hoses, Y-pieces, connectors and adapters.

The following represents a listing of standards which deal with the components of an anesthesia system. The listing is not intended to be complete due to the ongoing process of the introduction of new standards and sometimes the overlapping activities of different standard organizations addressing the same device.

APPLICABLE STANDARDS FOR THE COMPONENTS USED IN ANESTHESIA SYSTEMS

1. American National Standards Institute (ANSI)

11 West 42nd Street
New York, NY 10036, USA
Phone: (212) 642-4900
Fax: (212) 302-1286

ANSI/ASME B40.1- 1991 Gauges - Pressure Indicating Dial Type - Elastic Element

2. American Society for Testing and Materials (A.S.T.M.)

100 Barr Harbor Drive
West Conshohocken, PA 19428, USA
Phone: (610) 832-9585
Fax: (610) 832-9555

Note: Year shown in Brackets is year the standard was reapproved.

F 960-86 (1993)	Standard Specification for Medical and Surgical Suction and Drainage Systems
F 1054-87 (1994)	Standard Specification for Conical Fittings of 15 mm and 22 mm Sizes
F 1101-90 (1996)	Standard Specification for Ventilators Intended for Use During Anesthesia
F 1161-88 (1994)	Standard Specification for Minimum Performance and Safety Requirements for Components and Systems of Anesthesia Gas Machines
F 1204-88 (1993)	Standard Specification for Anesthesia Reservoir Bags
F 1205-88 (1993)	Standard Specification for Anesthesia Breathing Tubes
F 1208-89 (1994)	Standard Specification for Minimum Performance and Safety Requirements for Anesthesia Breathing Systems
F 1343-91	Standard Specification for Anesthetic Equipment - Scavenging Systems for Anesthetic Gases
F 1415-92	Standard Specification for Pulse Oximeters
F 1452-92	Standard Specification for Minimum Performance and Safety Requirements for Components and Systems of Anesthetic Gas Monitors
F 1456-92	Standard Specification for Capnometers
F 1462-93	Standard Specification for Oxygen Analyzers
F 1463-93	Standard Specification for Alarm Signals in Medical Equipment Used in Anesthesia and Respiratory Care
F 1850	Standard Specification for Particular Requirements for Anesthesia Workstations and their Components

A.S.T.M. Standards Under Development:

F1850-98aCorrigendum

PERIODIC MANUFACTURER'S CERTIFICATION (continued)
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STANDARD COMPLIANCE (CONTINUED)

3. Compressed Gas Association (CGA)
1725 Jefferson Davis Highway, Suite 1004
Arlington, VA 22202-4102
Phone: (703) 412-0900
Fax: (703) 412-0128

ANSI/CGA E7-1992 American Ntl. Standard for Medical Gas Regulators and Flowmeters	
Pamphlet C-9-1988 (Reaffirmed 1993)	Standard Color Marking of Compressed Gas Containers Intended for Medical Use
Pamphlet V-1-1994	Compressed Gas Cylinder Valve Outlet and Inlet Connections
Pamphlet G-4.3-1994	Commodity Specification for Oxygen
Pamphlet G-7-1990	Compressed Air for Human Respiration
Pamphlet V-5-1989	Diameter Index Safety System
Pamphlet P-2-1996	Characteristics and Safe Handling of Medical Gases
Pamphlet P-14-1992	Accident Prevention in Oxygen-Rich and Oxygen Deficient Atmospheres

4. National Fire Protection Association (NFPA)
1 Batterymarch Park
Quincy, MA 02269
Phone: (617) 770-3000 or 1-800-344-3555
Fax: 1-800-593-6372

NFPA 99	Standard for Health Care Facilities - 1999 Edition
NEC	National Electrical Code 1999

5. Underwriters Laboratories, Inc. (UL)
333 Pfingston Road
Northbrook, IL 60062-2096
Phone: (847) 272-8800

UL 252	Standard for Safety, Compressed Gas Regulators
UL 544	Standard for Safety, Medical and Dental Equipment
UL 2601-1	Standard for Safety, Medical Electrical Equipment, Part 1: General Requirements for Safety

6. Association for the Advancement of Medical Instrumentation (AAMI)
3330 Washington Boulevard, Suite 400
Arlington, VA 22201-4598
Phone: (703) 525-4890
Fax: (703) 276-0793

ANSI/AAMI ES-1-1993 Safe Current Limits for Electromedical Equipment

B. FOREIGN STANDARDS

1. Canadian Standards Association (CSA)
178 Rexdale Boulevard
Etobicoke, Ontario, Canada M9W 1R3
Phone: (416) 747-4044

C22.2 No. 125-M1984 (1996)	Electromedical Equipment
CAN/CSA-C22.2 No. 601.1-M90 (1997)	Medical Electrical Equipment, Part 1: General Requirements for Safety
CAN/CSA-C22.2 No. 601.1S1-94	Supplement No. 1-94 to CAN/CSA C22.2 No. 601.1-M90, [Adopted IEC 601-1, Amendment 1 (1994)]

PERIODIC MANUFACTURER'S CERTIFICATION (continued)
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STANDARD COMPLIANCE (CONTINUED)

CAN/CSA-C22.2 No. 601.1.1-94	Medical Electrical Equipment, Part 1: General Requirements for Safety - 1. Collateral Standard: Safety Requirements Medical Electrical Systems
CAN/CSA-C22.2 No. 601.2-94	Medical Electrical Equipment, Part 1: General Requirements for Safety - 2. Collateral Standard: Electromagnetic Compatibility - Requirements and Test
CAN/CSA-C22.2 No. 601.2.13-94	Anaesthetic Machines
CAN/CSA-ISO 7767-98	Oxygen Monitors for monitoring patient breathing mixtures - Safety Requirements (Adopted ISO 7767-97)
CAN/CSA-ISO 9703.1-97	Anaesthesia and Respiratory Care Alarm Signals - Part 1: Visual Alarm Signals (Adopted ISO 9703.1-92)
CAN/CSA-ISO 9703.2-97	Anaesthesia and Respiratory Care Alarm Signals - Part 2: Auditory Alarm Signals (Adopted ISO 9703.2-94)
CAN/CSA-ISO 11196-98	Anaesthetic Gas Monitors
Z168.3-97	Anaesthesia Machines for Medical Use
Z168.5.1-97	Anaesthesia Ventilators
CAN/CSA-Z168.6-M89	Oxygen Analyzers
CAN3-Z168.8-M82 (R1994)	Anaesthetic Gas Scavenging Systems
CAN/CSA-Z168.9-92	Breathing Systems for Use in Anaesthesia
Z168.11-94	Vacuum Devices for Suction and Drainage
CAN/CSA-Z305.1-92	Nonflammable Medical Gas Piping Systems
CAN/CSA-Z305.2-M88 (R1997)	Low-Pressure Connecting Assemblies for Medical Gas Systems
CAN/CSA-Z305.3-M87 (R1997)	Pressure Regulators, Gauges, and Flow-Metering Devices for Medical Gases
CAN/CSA-Z5360-94	Anaesthetic Vaporizers - Agent Specific Filling Systems (Adopted ISO 5360-93)
CAN/CSA-Z9919-94	Pulse Oximeters for Medical Use - Requirements
CAN/CSA - ISO 8835-3-98	Anaesthetic Gas Scavenging Systems

2. International Electrotechnical Commission (IEC)*

3, rue de Varembe
PO Box 131
1211 Geneva 20
Switzerland
Phone: +41 22 919 02 11
Fax: +41 22 919 03 00

IEC 601-1: 1988	Medical Electrical Equipment - Part 1, General Requirements for Safety
IEC 601-1-1: 1992	Medical Electrical Equipment - Part 1, General Requirements for Safety, 1. Collateral Standard Safety requirements for medical electrical systems
IEC 601-1-2: 1993	Medical Electrical Equipment - Part 1, General Requirements for Safety, 2. Collateral Standard: Electromagnetic Compatibility
IEC 601-1-4: 1996	Medical Electrical Equipment - Part 1, General Requirements for Safety, 4. Collateral Standard: Programmable electrical medical systems
IEC 601-2-13: 1998	Medical Electrical Equipment - Part 2: Particular requirements for the safety of anaesthetic machines

3. International Standards Organization (ISO)*

1, rue de Varembe
Case postale 56
CH-1211 Geneva 20
Switzerland
Phone: +41 22 749 01 11
Fax: +41 22 733 34 30

PERIODIC MANUFACTURER'S CERTIFICATION (continued)
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STANDARD COMPLIANCE (CONTINUED)

ISO 5145: 1990	Cylinder valve outlets for gases and gas mixtures - Selection and dimensioning
ISO 5356-1: 1996	Anaesthetic and respiratory equipment - Conical connectors - Part 1: Cones and sockets
ISO 5356-2: 1987	Anaesthetic and respiratory equipment - Conical connectors - Part 2: Screw threaded, weight-bearing fittings
ISO 5359: 1989	Low pressure flexible connecting assemblies (hose assemblies) for use with medical gas systems
ISO 5360: 1993	Anaesthetic vaporizers - Agent specific filling systems
ISO 5362: 1986	Anaesthetic reservoir bags
ISO 5367: 1991	Breathing tubes intended for use with anaesthetic apparatus and ventilators
ISO 7396: 1987	Nonflammable medical gas pipeline systems
ISO 7767: 1997	Oxygen analyzers for monitoring patient breathing mixtures - safety requirements
ISO 8835-2: 1993	Inhalational anaesthesia systems - Part 2: Anaesthetic circle breathing systems
ISO 8835-3: 1997	Inhalational anaesthesia systems - Part 3: Anaesthetic gas scavenging systems - Transfer and receiving systems
ISO 9170: 1990	Terminal units for use in medical gas pipeline systems
ISO 9703-1: 1992	Anaesthesia and respiratory care alarm signals - Part 1: Visual alarm signals
ISO 9703-2: 1994	Anaesthesia and respiratory care alarm signals - Part 2: Auditory alarm signals
ISO 9918: 1993	Capnometers for use with humans - Requirements
ISO 9919: 1992	Pulse oximeters for medical use - Requirements
ISO 10079-3: 1992	Medical suction equipment - Part 3: Suction equipment powered from vacuum or pressure source
ISO 10524	Pressure regulators and pressure regulators with flow metering devices for medical gas systems
ISO 111196:1995	Anaesthetic gas monitors

*In the United States of America these international standards can be purchased from:

American National Standards Institute (ANSI)
11 West 42nd Street
New York, NY 10036, USA
Phone: (212) 642-4900
Fax: (212) 302-1286

The risk manager of a hospital or the biomedical engineering department may be interested in obtaining these standards in order to develop a better understanding of the equipment in his possession or to aid in the decision making process for purchasing new equipment.

There are in general three important sections in a standard; the Requirements, the Test Procedures and the rationale. While the requirements of the standard are normally easy to understand, some additional information must be provided for the test procedures. The test procedure in a standard applies to "type testing" only. Manufacturer's in general will not test every single unit for compliance with this "type test". Furthermore, the manufacturer's effort is aimed towards complying with the test specifications when the device leaves his custody but the tolerances stated in the specification manual for in-field testing after use may be wider.

The rationale section of a standard contains helpful information for the risk manager of a hospital. In many cases it will address and state the reasons for the requirement and by doing so may educate the reader concerning possible hazards contained in equipment when not complying with a standard. In standard terminology "MAY" denotes an optional feature, "SHOULD" denotes a desirable, but not mandatory feature, while "SHALL" denotes a mandatory feature.

It is not the intention of the authors to recommend an ongoing updating of equipment whenever new standards are released or existing standards are updated. It must be further understood that equipment does not become automatically obsolete when different standards are published. It is up to the department to make an evaluation if noncompliance with a certain standard requirement will present a potential risk and if any measures such as modification(s) or education are required to reduce this risk.

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

22 July 2002

3122 Commerce Drive
Telford, PA 18969
Telephone: (215) 721-5402
(800) 543-5047
Facsimile: (215) 723-5935

Drägermedical

A Dräger and Siemens Company

EXECUTIVE SUMMARY

Test Vigilance
123 Telford Ave
Telford, PA 18961

RE: Periodic Manufacturer's Certification Summary
Dispatch Number: JHE45ERGX

Dear Valued Customer,

I have completed a Periodic Manufacturer's Certification on your anesthesia systems under service contract with Draeger Medical, Inc.. The Periodic Manufacturer's Certification is a program implemented to advise you of the current condition of your equipment and of the upgrades that may be made to meet the current applicable standards as well as to assist your facility in deciding the suitability for use within a particular environment. Attached herewith, is each machine/monitor that was examined as well as our recommendations for each. Please refer to the following symbols if they apply.

* Denotes a hazard that is greatly diminished by anesthesia machines complying with applicable standards for components used in anesthesia systems. Refer to Pages 9 - 12 in the North American Dräger Safety Guidelines and Risk Reduction manual.

! Denotes an equipment condition for a machine that will not be certified by the manufacturer after June 1, 1999.

I The system in its present configuration shall only be used with a CO2 monitor incorporating an apnea warning. The operator of the system is advised to frequently scan the CO2 readings and the alarm thresholds.

II The present configuration of the equipment requires that the unit operate at all times with an oxygen analyzer that includes a low oxygen warning. The operator of the system is advised to frequently scan the oxygen readings and alarm limits.

Since many of our service calls are made after normal operating room working hours and key personnel may be unavailable, it is incumbent upon the recipient of this letter and its appropriate attachments, to forward it to the Chief of Anesthesia and/or Risk Manager at your facility. Please review these documents carefully and sign below as an acknowledgment that you have reviewed this information.

Sincerely,

Technical Service Representative

Customer Signature: _____

Date: _____

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

Drägermedical

A Dräger and Siemens Company

	Dispatch Number: JHE45ERGX	22 July 2002
Only the owner of the equipment with user input can decide its suitability for use within its particular environment. NAD offers the following recommendations for your consideration.		

<p>MACHINE TYPE: Narkomed 2B Equipment Condition</p> <p><i>PEEP device on 22mm terminal of expiratory valve.</i></p> <p><i>Anesthesia machine is equipped with inhalation anesthesia vaporizers without an agent monitor in the breathing system.</i></p> <p><i>Enflurane Agent is unavailable for tests.</i></p>	<p>SERIAL NUMBER: TEST3 Recommendation</p> <p><i>Issue Department Alert. Remove PEEP device. Install integrated absorber PEEP with bypass valve.</i></p> <p><i>Install an agent monitor or a Vitalert 3000 series patient monitor.</i></p> <p><i>Add agent or remove vaporizer.</i></p>
<p>MACHINE TYPE: Narkomed 4 Equipment Condition</p> <p><i>Integrated absorber system PEEP valve does not have the bypass valve.</i></p>	<p>SERIAL NUMBER: TEST4 Recommendation</p> <p><i>Install integrated absorber PEEP valve with bypass valve.</i></p>
<p>MACHINE TYPE: Narkomed 6000 Equipment Condition</p> <p><i>No Recommendations</i></p>	<p>SERIAL NUMBER: TEST5 Recommendation</p> <p><i>No Recommendations</i></p>

End of Executive Summary

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Web: www.draegermedical.com
Printed in the U.S.A.